

EXHIBIT B

STATE OF NORTH CAROLINA
COUNTY OF CABARRUS

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
20-CVS-2565

BRIAN LILLIE and wife TRACY LILLIE,
ENTERPRISE HOLDINGS GROUP LLC
d/b/a COLUBRIS VENTURES, ECREATIVE
GROUP, INC., and THREE WIDE MEDIA,
LLC,

Plaintiffs,

vs.

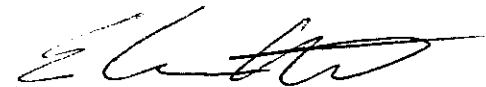
ALAN JOHN HANKE and LUIS ALBERTO
GUERRA

Defendants.

AFFIDAVIT OF SERVICE


E. Garrison White, being duly sworn, deposes and says:

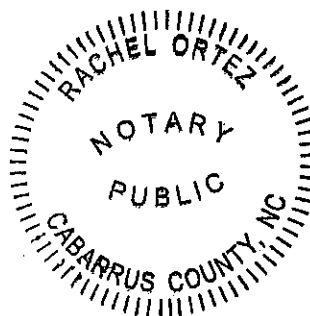
1. That he is the attorney for Brian Lillie and Tracy Lillie, Enterprise Holdings Group LLC, eCreative Group, Inc., and Three Wide Media, LLC, in the above-entitled action.
2. That a Civil Summons and Complaint in this action was deposited in the United States Post Office for mailing to Alan John Hanke by certified mail, return receipt requested.
3. That it was in fact received by Alan John Hanke, on or about September 5, 2020, as evidenced by the registry receipt and U.S. Postal Service internet tracking report attached hereto.



E. Garrison White
Attorney for Plaintiffs
71 McCachern Boulevard, SE
Post Office Box 368
Concord, North Carolina 28026-0368
Telephone: (704) 786-5161

Sworn to and subscribed before me
This 11 day of September, 2020.


Rachel Ortey, Notary Public
My commission expires: 11-4-2023



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Tracking Number: 70183090000118018739

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✓ Delivered

September 5, 2020 at 3:21 pm
Delivered, Left with Individual
CRYSTAL LAKE, IL 60014

Text & Email Updates



Tracking History



September 5, 2020, 3:21 pm
Delivered, Left with Individual
CRYSTAL LAKE, IL 60014

Your item was delivered to an individual at the address at 3:21 pm on September 5, 2020 in CRYSTAL LAKE, IL 60014.

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FAQs

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>A. Hanke</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>		
<p>1. Article Addressed to: <i>Alan John Hanke</i> <i>4121 Wyndwood Dr.</i> <i>Crystal Lake, IL 60014</i></p>  <p>9590 9402 3266 7196 0273 64</p>	<p>B. Received by (Printed Name) <i>LL C19</i></p> <p>C. Date of Delivery <i>9-5-20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		
<p>2. Article Number (Transfer from service label) <i>7018 3090 0001 1801 8739</i></p>	<p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt